

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G399	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/08/2016
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4313 E 46TH ST INDIANAPOLIS, IN 46226
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W 0000 Bldg. 00	<p>This visit was for a full annual recertification and state licensure survey. This visit included the investigation of complaint #IN00175720.</p> <p>Complaint #IN00175720: Substantiated, federal and state deficiencies related to the allegations are cited at: W102, W104, W122, W149 and W156.</p> <p>Dates of Survey: 2/29/16, 3/1/16, 3/2/16, and 3/8/16</p> <p>Facility Number: 000913 Provider Number: 15G399 AIMS Number: 100249300</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 3/14/16.</p>	W 0000		
W 0102 Bldg. 00	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>requirements are met.</p> <p>Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Governing Body for 4 of 4 sampled clients (A, B, C and D), plus 3 additional clients (E, F and G). The governing body failed to exercise general policy, budget and operating direction over the facility by failing to ensure client C's clothing fit, to ensure the facility implemented its written policy and procedures to prevent neglect regarding clients A, B, C, D, E, F and G being left unsupervised at the group home and to ensure the investigation of the alleged neglect of clients A, B, C, D, E, F and G was completed within 5 business days, failed to ensure an allegation of suspected sexual abuse was immediately reported to the facility administrator regarding client C, failed to ensure an injury of unknown origin was immediately reported to BDDS (Bureau of Developmental Disabilities Services) regarding client C and to ensure client C's injury of unknown origin was thoroughly investigated.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility by failing to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored clients A, B,</p>	W 0102	1. Please see W104 2. Please see W122	04/07/2016

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	<p>C and D's active treatment programs, to ensure client D's ISP (Individual Support Plan) addressed client D's identified needs, ensured clients A, B, C and D's ISP training objective attempts/trials were documented in measurable terms and failed to ensure client A had a medication administration goal.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections for 4 of 4 sampled clients (A, B, C and D), plus 3 additional clients (E, F and G).</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy, budget and operating direction over the facility by failing to ensure client C's clothing fit, to ensure the facility implemented its written policy and procedures to prevent neglect regarding clients A, B, C, D, E, F and G being left unsupervised at the group home and to ensure the investigation of the alleged neglect of clients A, B, C, D, E, F and G was completed within 5 business days, failed to ensure an allegation of suspected sexual abuse was immediately reported to the facility administrator regarding client C, failed to</p>			

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	<p>ensure an injury of unknown origin was immediately reported to BDDS (Bureau of Developmental Disabilities Services) regarding client C and to ensure client C's injury of unknown origin was thoroughly investigated.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility by failing to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored clients A, B, C and D's active treatment programs, to ensure client D's ISP (Individual Support Plan) addressed client D's identified needs, ensured clients A, B, C and D's ISP training objective attempts/trials were documented in measurable terms and failed to ensure client A had a medication administration goal. Please see W104.</p> <p>2. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections for 4 of 4 sampled clients (A, B, C and D), plus 3 additional clients (E, F and G). Please see W122.</p> <p>This federal tag relates to complaint #IN00175720.</p>			

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W 0104 Bldg. 00	<p>9-3-1(a)</p> <p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, record review and interview for 4 of 4 sampled clients (A, B, C and D), plus 3 additional clients (E, F and G), the governing body failed to exercise general policy, budget and operating direction over the facility by failing to ensure client C's clothing fit, to ensure the facility implemented its written policy and procedures to prevent neglect regarding clients A, B, C, D, E, F and G being left unsupervised at the group home and to ensure the investigation of the alleged neglect of clients A, B, C, D, E, F and G was completed within 5 business days, failed to ensure an allegation of suspected sexual abuse was immediately reported to the facility administrator regarding client C, failed to ensure an injury of unknown origin was immediately reported to BDDS (Bureau of Developmental Disabilities Services) regarding client C and to ensure client C's injury of</p>	W 0104	<p>1. All direct care staff will receive retraining on client dignity including ensuring that all consumers are wearing weather appropriate clothing and clothing that fits appropriately.</p> <p>Program Coordinator and/or QIDP will complete observations a minimum of twice weekly for 4 weeks to ensure that all consumers are wearing weather appropriate clothing and clothing that fits appropriately. Ongoing, after the 4 weeks the Program Coordinator and/or QIDP will complete observations a minimum of weekly to ensure that all consumers are wearing weather appropriate clothing and clothing that fits appropriately.</p> <p>2. Please see W149</p> <p>3. The Day Service supervisor</p>	04/07/2016
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	<p>unknown origin was thoroughly investigated.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility by failing to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored clients A, B, C and D's active treatment programs, to ensure client D's ISP (Individual Support Plan) addressed client D's identified needs, ensured clients A, B, C and D's ISP training objective attempts/trials were documented in measurable terms and failed to ensure client A had a medication administration goal.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The governing body failed to exercise general policy, budget and operating direction over the facility by failing to ensure client C's clothing fit. Please see W137. 2. The governing body failed to exercise general policy, budget and operating direction over the facility by failing to ensure the facility implemented its written policy and procedures to prevent neglect regarding clients A, B, C, D, E, F and G being left unsupervised at the group home and to ensure the 		<p>completed a retraining with their staff about the need to ensure BDDS reportable incidents are reported to the appropriate parties timely so BDDS reports can be filed as needed.</p> <p>The QIDP will complete training with the Day Services supervisor on incident reporting requirements including what incidents need to be reported, designated timeframes in which incidents are to be reported and the procedure for immediately notifying the on call supervisor of reportable incidents.</p> <p>The QIDP will complete observations a minimum of monthly at the Day Service Provider for 3 months to ensure that Day Services are following all consumers ISP, BSP and program goals. Documentation will be completed for each visit and will be available for review.</p> <p>Ongoing, the QIDP will complete observations at Day Services a minimum of quarterly to ensure that Day Services are following all consumers ISP, BSP and program goals. Documentation will be completed for each visit and will be available for review.</p> <p>4. The Program Director and Quality Assurance Specialist will</p>	

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	<p>investigation of the alleged neglect of clients A, B, C, D, E, F and G was completed within 5 business days, to ensure client C's day service provider immediately reported an allegation of suspected sexual abuse to the facility administrator regarding client C, failed to ensure an injury of unknown origin was immediately report to BDDS regarding client C and to ensure client C's injury of unknown origin was thoroughly investigated. Please see W149.</p> <p>3. The governing body failed to exercise general policy, budget and operating direction over the facility by failing to ensure the facility to ensure an injury of unknown origin was reported to BDDS (Bureau of Developmental Disabilities Services) within 24 hours regarding client C. Please see W153.</p> <p>4. The governing body failed to exercise general policy, budget and operating direction over the facility by failing to ensure the facility completed a thorough investigation regarding client C's injury of unknown origin. Please see W154.</p> <p>5. The governing body failed to exercise general policy, budget and operating direction over the facility by failing to ensure the facility ensured the investigation of an alleged incident of</p>		<p>receive retraining on investigations including reporting to the administrator or designee the results within 5 work days and also ensuring that all parties related to the incident are interviewed so that a thorough investigation can be completed.</p> <p>All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Regional Quality Assurance Specialist. If the investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made.</p> <p>5. The QIDP will receive retraining on investigations including ensuring that all reports of injuries of unknown origin for consumes are investigated, investigations are completed thoroughly and accurately and all investigations are reported to the administrator or designee the results within 5 work days.</p> <p>All future incident reports will be</p>	

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W 0122 Bldg. 00	<p>neglect of clients A, B, C, D, E, F and G was completed within 5 business days. Please see W156.</p> <p>6. The governing body failed to exercise general policy, budget and operating direction over the facility by failing to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored clients A, B, C and D's active treatment programs to ensure client D's ISP (Individual Support Plan) addressed client D's identified needs, ensured clients A, B, C and D's ISP training objective attempts/trials were documented in measurable terms and failed to ensure client A had a medication administration goal. Please see W159.</p> <p>This federal tag relates to complaint #IN00175720.</p> <p>9-3-1(a)</p> <p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on record review and interview for 4 of 4 sampled clients (A, B, C and D), plus 3 additional clients (E, F and G), the facility failed to implement its written</p>	W 0122	<p>reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Quality Assurance Specialist. If the investigations are not thorough enough the Quality Assurance Specialist will provide immediate feedback to the QIDP and necessary changes will be made.</p> <p>6. Please see W159</p> <p>1. Please see W149</p> <p>2. The Day Service supervisor completed a retraining with their</p>	04/07/2016

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	<p>policy and procedures to prevent neglect regarding clients A, B, C, D, E, F and G being left unsupervised at the group home and to ensure the investigation of the alleged neglect of clients A, B, C, D, E, F and G was completed within 5 business days, to ensure client C's day service provider immediately reported an allegation of suspected sexual abuse to the facility administrator regarding client C, failed to ensure an injury of unknown origin was immediately report to BDDS (Bureau of Developmental Disabilities Services) regarding client C and to ensure client C's injury of unknown origin was thoroughly investigated.</p> <p>Findings include:</p> <p>1. The facility failed to exercise general policy, budget and operating direction over the facility by failing to ensure the facility implemented its written policy and procedures to prevent neglect regarding clients A, B, C, D, E, F and G being left unsupervised at the group home and to ensure the investigation of the alleged neglect of clients A, B, C, D, E, F and G was completed within 5 business days, to ensure client C's day service provider immediately reported an allegation of suspected sexual abuse to the facility administrator regarding client C, failed to ensure an injury of unknown</p>		<p>staff about the need to ensure BDDS reportable incidents are reported to the appropriate parties timely so BDDS reports can be filed as needed.</p> <p>The QIDP will complete training with the Day Services supervisor on incident reporting requirements including what incidents need to be reported, designated timeframes in which incidents are to be reported and the procedure for immediately notifying the on call supervisor of reportable incidents.</p> <p>The QIDP will complete observations a minimum of monthly at the Day Service Provider for 3 months to ensure that Day Services are following all consumers ISP, BSP and program goals. Documentation will be completed for each visit and will be available for review.</p> <p>Ongoing, the QIDP will complete observations at Day Services a minimum of quarterly to ensure that Day Services are following all consumers ISP, BSP and program goals. Documentation will be completed for each visit and will be available for review.</p> <p>3. The Program Director and Quality Assurance Specialist will</p>	

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	<p>origin was immediately report to BDDS regarding client C and to ensure client C's injury of unknown origin was thoroughly investigated. Please see W149.</p> <p>2. The facility failed to exercise general policy, budget and operating direction over the facility by failing to ensure the facility to ensure an injury of unknown origin was reported to BDDS (Bureau of Developmental Disabilities Services) within 24 hours regarding client C. Please see W153.</p> <p>3. The facility failed to exercise general policy, budget and operating direction over the facility by failing to ensure the facility completed a thorough investigation regarding client C's injury of unknown origin. Please see W154.</p> <p>4. The facility failed to exercise general policy, budget and operating direction over the facility by failing to ensure the facility ensured the investigation of an alleged incident of neglect of clients A, B, C, D, E, F and G was completed within 5 business days. Please see W156.</p> <p>This federal tag relates to complaint #IN00175720.</p> <p>9-3-2(a)</p>		<p>receive retraining on investigations including reporting to the administrator or designee the results within 5 work days and also ensuring that all parties related to the incident are interviewed so that a thorough investigation can be completed.</p> <p>All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Regional Quality Assurance Specialist. If the investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made.</p> <p>4. The QIDP will receive retraining on investigations including ensuring that all reports of injuries of unknown origin for consumes are investigated, investigations are completed thoroughly and accurately and all investigations are reported to the administrator or designee the results within 5 work days.</p> <p>All future incident reports will be</p>		

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W 0137 Bldg. 00	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation and interview for 1 of 4 sampled clients (C), the facility failed to ensure client C's clothing fit.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 2/29/16 from 4:40 PM through 7:00 PM. Client C was observed in the home throughout the observation period. Client C wore a pair of sweat pants and a blouse. Client C's sweat pants' waistline did not fit client C. Client C's sweat pants fell from her hips as she moved throughout the house. Staff #1 walked with client C and had to pull her</p>	W 0137	<p>reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Quality Assurance Specialist. If the investigations are not thorough enough the Quality Assurance Specialist will provide immediate feedback to the QIDP and necessary changes will be made.</p> <p>All direct care staff will receive retraining on client dignity including ensuring that all consumers are wearing weather appropriate clothing and clothing that fits appropriately.</p> <p>Program Coordinator and/or QIDP will complete observations a minimum of twice weekly for 4 weeks to ensure that all consumers are wearing weather appropriate clothing and clothing that fits appropriately. Ongoing, after the 4 weeks the Program Coordinator and/or QIDP will complete observations a minimum of weekly to ensure that all consumers are wearing weather appropriate clothing and</p>	04/07/2016

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W 0149 Bldg. 00	<p>pants up as they assisted her to move throughout the home.</p> <p>HM (Home Manager) #1 was interviewed on 2/29/16 at 4:50 PM. HM #1 indicated client C's sweat pants did not fit her.</p> <p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 4 of 4 sampled clients (A, B, C and D), plus 3 additional clients (E, F and G), the facility failed to implement its written policy and procedures to prevent neglect regarding clients A, B, C, D, E, F and G being left unsupervised at the group home and to ensure the investigation of the alleged neglect of clients A, B, C, D, E, F and G was completed within 5 business days, to ensure client C's day service provider immediately reported an allegation of suspected sexual abuse to the facility administrator regarding client C, failed to ensure an injury of unknown origin was immediately reported to BDDS (Bureau of Developmental Disabilities Services) regarding client C and to ensure client C's injury of</p>	W 0149	<p>clothing that fits appropriately.</p> <p>Responsible party; Program Coordinator, QIDP</p> <p>1. The QIDP will receive retraining on investigations including ensuring that all reports of injuries of unknown origin for consumes are investigated, investigations are completed thoroughly and accurately and all investigations are reported to the administrator or designee the results within 5 work days.</p> <p>All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Quality Assurance Specialist. If the investigations are not thorough enough the</p>	04/07/2016

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	<p>unknown origin was thoroughly investigated.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 2/29/16 at 2:15 PM. The review indicated the following:</p> <p>1. BDDS report dated 6/14/15 indicated, "On 6/13/15, it was reported when the 3 PM shift staff member came into the [group home] that the front door was wide open and no reported staff member inside home (sic) and 7 consumers, [clients A, B, C, D, E, F and G], were left in the group home unsupervised."</p> <p>-Summary of Internal Investigation Report (SIIR) dated 6/19/15 indicated clients A, B, C, D, E, F and G required 24 hour supervision. The SIIR dated 6/19/15 indicated clients A, B, C, D, E, F and G had been left unattended in the group home on 6/13/15. The 6/19/15 SIIR indicated the length of time clients A, B, C, D, E, F and G were left unsupervised was inconclusive. The 6/19/15 SIIR indicated the date of administrative review of the outcome/findings of the investigation was 6/22/15.</p>		<p>Quality Assurance Specialist will provide immediate feedback to the QIDP and necessary changes will be made.</p> <p>2. The Program Director and Quality Assurance Specialist will receive retraining on investigations including reporting to the administrator or designee the results within 5 work days and also ensuring that all parties related to the incident are interviewed so that a thorough investigation can be completed.</p> <p>All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Regional Quality Assurance Specialist. If the investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made.</p> <p>3. The Day Service supervisor completed a retraining with their staff about the need to ensure BDDS reportable incidents are reported to the appropriate parties timely so BDDS reports can be filed as needed.</p>	

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	<p>2. BDDS report dated 8/17/15 indicated, "Staff (unspecified day service staff), noticed that [client C's] hand was swollen between her thumb and fore finger. [Client C] did not arrive at the facility (day services) with her hand swollen and was unable to verbalize how the incident occurred. Day program staff (unspecified) informed her residential provider of the swollen hand." The 8/17/15 BDDS report indicated client C's injury of unknown origin regarding her hand had occurred on 8/14/15.</p> <p>-IS (Investigative Summary) form dated 8/18/15 indicated the facility conducted an investigation of client C's 8/17/15 injury of unknown origin. The 8/18/15 IS indicated client C had been taken to a medical clinic for examination following the discovery of her swollen hand on 8/14/15. The 8/18/15 indicated client C, who had limited verbal communication skills, and the day service staff who had been working with client C at the time of discovery of her injury had been interviewed. The 8/18/15 IS did not indicate documentation of additional interviews with other potential witnesses to determine the source of client C's injury of unknown origin.</p> <p>3. BDDS report dated 3/1/16 indicated,</p>		<p>The QIDP will complete training with the Day Services supervisor on incident reporting requirements including what incidents need to be reported, designated timeframes in which incidents are to be reported and the procedure for immediately notifying the on call supervisor of reportable incidents.</p> <p>The QIDP will complete observations a minimum of monthly at the Day Service Provider for 3 months to ensure that Day Services are following all consumers ISP, BSP and program goals. Documentation will be completed for each visit and will be available for review.</p> <p>Ongoing, the QIDP will complete observations at Day Services a minimum of quarterly to ensure that Day Services are following all consumers ISP, BSP and program goals. Documentation will be completed for each visit and will be available for review.</p>	

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	"[Client C] has a diagnosis of Profound Intellectual Disability, Hypothyroidism, Downs Syndrome, Heart Murmur, Expressive Communication, Scoliosis, Autism, Myopia, Hysterectomy, Hyperitropic Obstructive Cardiomyopathy, Hepatitis B, Blepharitis and environmental allergies. [Client C] resides at the [group home] and has lived there since 1988. [Client C] is non-verbal and unable to report when she is injured or in pain. On 2/29/16, staff was picking her up from day program and it was noted that she was being non-compliant with physical movements. They reported that she was not walking or moving appropriately and her gait seemed to be off. Staff completing transport called [Program Coordinator (PC) #1] to report these changes and [PC #1] immediately called the nurse. Upon returning to the home, [nurse #1] came and did a thorough exam on [client C] to see if any abnormalities were noted. [Nurse #1] was unable to identify any specific issues but [client C] was still refusing to walk. [Client C] did not appear to be in any pain. Staff took [client C] to the [ER]. [ER] doctor did a complete panel of blood work, a CT scan (medical assessment), urine culture, chest x-ray, and ECG/EKG (medical testing). All tests came back within normal limits and she was sent home and told to follow up			

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	<p>with (PCP) Primary Care Physician."</p> <p>Day Program Registered Nurse (DPRN) #1 was interviewed on 3/2/16 at 9:25 AM. When asked if she had been aware of medical concerns/issues regarding client C on 2/29/16, or a report from day services staff to residential staff regarding the need for client C needing emergency medical services, DPRN #1 stated, "No, not on Monday (2/29/16). When [client C] was leaving and getting on the van, she stopped walking and would not stand up or walk to get onto the van. The staff who walked out with [client C] may have told the residential staff that [client C] should go to the ER (Emergency Room). We've noticed several changes in [client C's] behavior over the last few months. She's stopped walking independently, has frequent urinary incontinence, is resistive to toileting and having staff assist her with toileting hygiene." DPRN #1 stated, "[Client C] was previously independent. She was a pacer, she like to walk the hallways and used the restroom independently. DPRN #1 stated, "[Client C's] been through medical testing to determine the cause of her changes but some of the changes make some of us here wonder if she hasn't had some type of sexual trauma." DPRN #1 stated, "In my experience, behavioral changes with the resistance to toileting and not wanting</p>			

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	<p>to go into the restroom can be signs of sexual trauma." DPRN #1 indicated she was not aware of any specific allegations or concerns regarding specific staff or consumers. DPRN #1 indicated client C's staff and herself had discussed sexual trauma as a cause for client C's behavioral changes. When asked if she had reported her concerns regarding sexual trauma/abuse to the residential provider, DPRN #1 stated, "No. We've communicated with them on other things like the incontinence but without some kind of proof I didn't want to say something and then discourage communication between us and them." DPRN #1 indicated client C's residential staff/administrator had not been notified regarding the day services concerns/allegations of sexual abuse.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 3/2/16 at 11:35 AM. QIDP #1 indicated the day services had not communicated concerns/allegations of sexual trauma regarding client C.</p> <p>-BDDS report dated 3/2/16 indicated, "On 3/2/16, [surveyor], contacted [administrative staff #1] to report that while he was completing an observation at [day program] as part of the open annual survey, a [day service] staff</p>			

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	<p>reported to him that there was the potential that [client C] may have been sexually abused. The [DPRN #1] reported that some staff at [day program] had noticed some changes in [client C's] behaviors when they were assisting her with toileting over the past few months. [DPRN #1] was not able to verify that anything had occurred, who might have caused the abuse or when it may have occurred. [Day program] staff stated that they did not report their concerns to any Indiana Mentor staff. As a precaution, [client C] was taken for a full abdominal, genital and rectal exam to determine if there was any concern that she may have been sexually abused. A forensic nurse completed the exam and found no evidence of any injury or abuse. Vaginal cultures for Sexually Transmitted Diseases were obtained and the results are pending. A police report was filed by [administrative staff #1] on 3/2/16 and the responding officer stated that a detective would be assigned to the case."</p> <p>Administrative Staff #1 was interviewed on 3/1/16 at 9:30 AM. AS #1 indicated the facility's abuse and neglect policy should be implemented, abuse and neglect should be prevented, all allegations of abuse, neglect or mistreatment should be reported to the administrator and a thorough</p>			

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	<p>investigation should be completed within 5 business days of the alleged incident.</p> <p>The facility's policy and procedures were reviewed on 3/3/16 at 12:00 PM. The facility's Quality and Risk Management policy dated April 2011 indicated the following:</p> <p>- "An incident described as follows shall be reported to the BDDS on the incident report form prescribed by the BDDS:</p> <p>- "Alleged, suspected, or actual abuse, neglect, or exploitation of an individual. An incident in this category shall also be reported to Adult Protective Services or Child Protective Services as applicable."</p> <p>- "Failure to provide appropriate supervision, care or training."</p> <p>- "Indiana Mentor is committed to completing a thorough investigation for any event out of the ordinary which jeopardizes the health and safety of any individual served or other employee. Investigation findings will be submitted to the Area Director for review and development of further recommendations as needed within 5 days of the incident."</p> <p>This federal tag relates to complaint #IN00175720.</p>			

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W 0153 Bldg. 00	<p>9-3-2(a)</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on record review and interview for 1 of 9 allegations of abuse, neglect, mistreatment and injuries of unknown origin reviewed, the facility failed to ensure an injury of unknown origin was reported to BDDS (Bureau of Developmental Disabilities Services) within 24 hours.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 2/29/16 at 2:15 PM. The review indicated the following:</p> <p>-BDDS report dated 8/17/15 indicated, "Staff (unspecified day service staff), noticed that [client C's] hand was swollen between her thumb and fore finger. [Client C] did not arrive at the facility (day services) with her hand swollen and</p>	W 0153	<p>The Day Service supervisor completed a retraining with their staff about the need to ensure BDDS reportable incidents are reported to the appropriate parties timely so BDDS reports can be filed as needed.</p> <p>The QIDP will complete training with the Day Services supervisor on incident reporting requirements including what incidents need to be reported, designated timeframes in which incidents are to be reported and the procedure for immediately notifying the on call supervisor of reportable incidents.</p> <p>The QIDP will complete observations a minimum of monthly at the Day Service Provider for 3 months to ensure that Day Services are following all consumers ISP, BSP and program goals. Documentation will be completed for each visit</p>	04/07/2016

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W 0154 Bldg. 00	<p>was unable to verbalize how the incident occurred. Day program staff (unspecified) informed her residential provider of the swollen hand." The 8/17/15 BDDS report indicated client C's injury of unknown origin regarding her hand had occurred on 8/14/15.</p> <p>Administrative Staff #1 was interviewed on 3/1/16 at 9:30 AM. AS #1 indicated all allegations of abuse, neglect, mistreatment and injuries of unknown origin should be reported to BDDS within 24 hours of the alleged incident.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 1 of 2 allegations of abuse, neglect or injuries of unknown origin reviewed, the facility failed to complete a thorough investigation regarding client C's injury of unknown origin.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed</p>	W 0154	<p>and will be available for review.</p> <p>Ongoing, the QIDP will complete observations at Day Services a minimum of quarterly to ensure that Day Services are following all consumers ISP, BSP and program goals. Documentation will be completed for each visit and will be available for review.</p> <p>Responsible Party: Program Coordinator and QIDP</p> <p>The Program Director and Quality Assurance Specialist will receive retraining on investigations including reporting to the administrator or designee the results within 5 work days and also ensuring that all parties related to the incident are interviewed so that a thorough investigation can be completed.</p> <p>All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an</p>	04/07/2016

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	<p>on 2/29/16 at 2:15 PM. The review indicated the following:</p> <p>-BDDS report dated 8/17/15 indicated, "Staff (unspecified day service staff), noticed that [client C's] hand was swollen between her thumb and fore finger. [Client C] did not arrive at the facility (day services) with her hand swollen and was unable to verbalize how the incident occurred. Day program staff (unspecified) informed her residential provider of the swollen hand."</p> <p>-IS (Investigative Summary) form dated 8/18/15 indicated the facility conducted an investigation of client C's 8/17/15 injury of unknown origin. The 8/18/15 IS indicated client C had been taken to a medical clinic for examination following the discovery of her swollen hand on 8/14/15. The 8/18/15 indicated client C, who had limited verbal communication skills, and the day service staff who had been working with client C at the time of discovery of her injury had been interviewed. The 8/18/15 IS did not indicate documentation of additional interviews with other potential witnesses to determine the source of client C's injury of unknown origin.</p> <p>Administrative Staff #1 was interviewed on 3/1/16 at 9:30 AM. AS #1 indicated</p>		<p>investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Regional Quality Assurance Specialist. If the investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made.</p> <p>Responsible Party: Home Manager, Program Director, Regional Quality Assurance Specialist, Area Director.</p>	

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W 0156 Bldg. 00	<p>injuries of unknown origin should be thoroughly investigated.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. Based on record review and interview for 1 of 2 allegations of abuse, neglect or injuries of unknown origin reviewed, the facility failed to ensure the investigation of an alleged incident of neglect of clients A, B, C, D, E, F and G was completed within 5 business days.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 2/29/16 at 2:15 PM. The review indicated the following:</p> <p>-BDDS report dated 6/14/15 indicated, "On 6/13/15, it was reported when the 3 PM shift staff member came into the [group home] that the front door was wide open and no reported staff member</p>	W 0156	<p>The QIDP will receive retraining on investigations including ensuring that all reports of injuries of unknown origin for consumes are investigated, investigations are completed thoroughly and accurately and all investigations are reported to the administrator or designee the results within 5 work days.</p> <p>All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Quality Assurance Specialist. If the investigations are not thorough enough the Quality Assurance Specialist will provide immediate feedback to the QIDP and necessary changes</p>	04/07/2016

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W 0159 Bldg. 00	<p>inside home (sic) and 7 consumers, [clients A, B, C, D, E, F and G], were left in the group home unsupervised."</p> <p>-Summary of Interval Investigation Report (SIIR) dated 6/19/15 indicated clients A, B, C, D, E, F and G required 24 hour supervision. The SIIR dated 6/19/15 indicated clients A, B, C, D, E, F and G had been left unattended in the group home on 6/13/15. The 6/19/15 SIIR indicated the date of administrative review of the outcome/findings of the investigation was 6/22/15.</p> <p>Administrative Staff #1 was interviewed on 3/1/16 at 9:30 AM. AS #1 indicated a thorough investigation of all allegations of abuse and neglect should be completed within 5 business days of the alleged incident.</p> <p>This federal tag relates to complaint #IN00175720.</p> <p>9-3-2(a)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p>		<p>will be made.</p> <p>Responsible Party: QIDP, Quality Assurance Specialist, Area Director</p>	

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	<p>Based on observation, record review and interview for 4 of 4 sampled clients (A, B, C and D), the QIDP (Qualified Intellectual Disabilities Professional) #1 failed to integrate, coordinate and monitor clients A, B, C and D's active treatment programs by failing to ensure client C's clothing fit, to ensure client D's ISP (Individual Support Plan) addressed client D's identified needs, to ensure clients A, B, C and D's ISP (Individual Support Plan) training objective attempts/trials were documented in measurable terms and to ensure client A had a medication administration goal.</p> <p>Findings include:</p> <p>1. The QIDP failed to integrate, coordinate and monitor client C's active treatment program by failing to ensure client C's clothing fit. Please see W137.</p> <p>2. The QIDP failed to integrate, coordinate and monitor client D's</p>	W 0159	<p>1. All direct care staff will receive retraining on client dignity including ensuring that all consumers are wearing weather appropriate clothing and clothing that fits appropriately.</p> <p>Program Coordinator and/or QIDP will complete observations a minimum of twice weekly for 4 weeks to ensure that all consumers are wearing weather appropriate clothing and clothing that fits appropriately. Ongoing, after the 4 weeks the Program Coordinator and/or QIDP will complete observations a minimum of weekly to ensure that all consumers are wearing weather appropriate clothing and clothing that fits appropriately.</p> <p>2. Client D's Individual Support Plan has revised to include a goal for oral hygiene as recommended by the dental appointment report</p> <p>The QIDP will be retrained on reviewing the ISP to ensure that all medical/dental recommendations are included in consumers Individual Support Plans and methods for addressing goal are also included.</p> <p>Ongoing, the QIDP will work with</p>	04/07/2016	

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	<p>active treatment program by failing to ensure client D's ISP addressed client D's identified needs. Please see W227.</p> <p>3. The QIDP failed to integrate, coordinate and monitor clients A, B, C and D's active treatment programs by failing to ensure clients A, B, C and D's ISP training objective attempts/trials were documented in measurable terms. Please see W252.</p> <p>4. The QIDP failed to integrate, coordinate and monitor client A's active treatment programs by failing to ensure client A had a medication administration goal. Please see W371.</p> <p>9-3-3(a)</p>		<p>the interdisciplinary teams to ensure that each clients medical/dental recommendations are included in consumers Individual Support Plans and methods for addressing goal are also included.</p> <p>Ongoing, all Individual Support Plans will be reviewed by the Area Director to ensure accuracy and to ensure that all areas of need are met for each client.</p> <p>Responsible Party: QIDP, Area Director</p> <p>3. All direct care staff will receive retraining to include ensuring that all consumers' goals are documented in measurable terms as described in each goals criteria and documentation is available for review.</p> <p>Program Coordinator and QIDP will receive retraining to include doing a minimum of weekly checks to ensure that staff are documenting all consumers goals in measurable terms.</p> <p>Program Coordinator and/or QIDP will complete documentation checks a minimum of 3 times weekly for 4 weeks to ensure that all staff are documenting all consumers goals in measurable terms. If</p>	

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			<p>documentation is not being done as directed Program Coordinator and/or QIDP will provide immediate feedback to staff to correct documentation errors.</p> <p>Ongoing after the 4 weeks the Program Coordinator and/or QIDP will complete documentation checks a minimum of weekly to ensure that all staff are documenting all consumers goals in measurable terms. If documentation is not being done as directed Program Coordinator and/or QIDP will provide immediate feedback to staff to correct documentation errors.</p> <p>4. A medication administration goal has been developed for client A to allow him more independence in scheduling his own medical appointments due to him not taking routine medications.</p> <p>QIDP and Program Coordinator will receive retraining to include ensuring that all consumers have goals to allow them to work toward more independence with their medical needs even if they are not taking routine medications.</p> <p>Ongoing the QIDP will ensure that all consumers have goals implemented in their ISP to allow them to work toward more independence with</p>	

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W 0227 Bldg. 00	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on record review and interview for 1 of 4 sampled clients (D), the facility failed to ensure client D's ISP (Individual Support Plan) addressed client D's identified needs.</p> <p>Findings include:</p> <p>Client D's record was reviewed was on 3/1/2016 at 9:39 AM. Client D's Record of Visitation (ROV) form dated 2/29/16 indicated client D was seen for a routine dental visit. The 2/29/16 ROV indicated, "Poor teeth, poor gums." The ROV indicated, "Oral hygiene instructions: Poor, patient needs help with brushing."</p> <p>Client D's dental form dated 7/13/15 indicated, "Poor dental hygiene." The dental form indicated, "Oral hygiene instructions: Reviewed proper brushing</p>	W 0227	<p>their medical needs even if they are not taking routine medications.</p> <p>Area Director will review all ISPs to ensure that all consumers have goals to allow them to work toward more independence with their medical needs.</p> <p>Client D's Individual Support Plan has revised to include a goal for oral hygiene as recommended by the dental appointment report</p> <p>The QIDP will be retrained on reviewing the ISP to ensure that all medical/dental recommendations are included in consumers Individual Support Plans and methods for addressing goal are also included.</p> <p>Ongoing, the QIDP will work with the interdisciplinary teams to ensure that each clients medical/dental recommendations are included in consumers Individual Support Plans and methods for addressing goal are also included.</p> <p>Ongoing, all Individual Support</p>	04/07/2016

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	<p>technique and encouraged staff to help at home."</p> <p>Client D's Record of Visitation (ROV) form dated 3/24/15 indicated client D was seen for a routine dental visit. The 3/24/15 ROV indicated, "Poor teeth, poor gums." The ROV indicated, "Oral hygiene instructions: patient needs help with daily oral hygiene." ROV notes indicated, "No decay noted, poor oral hygiene causing periodontal disease."</p> <p>Client D's Record of Visitation (ROV) form dated 1/8/15 indicated client D was seen for a routine dental visit. The 1/8/15 ROV indicated, "Poor teeth, poor gums, gingivitis." The ROV indicated, "Oral hygiene instructions: patient needs help with daily oral hygiene." ROV notes indicated, "No decay noted, poor oral hygiene causing periodontal disease."</p> <p>Client D's ISP (Individual Support Plan) dated 8/28/15 did not indicate documentation of a formal or informal training goal or supports to address client D's reports of poor oral hygiene.</p> <p>AS (Administrative Staff) #1 was interviewed on 3/1/16 at 12:30 PM. AS #1 indicated client D should have training to address his oral hygiene needs.</p>		<p>Plans will be reviewed by the Area Director to ensure accuracy and to ensure that all areas of need are met for each client.</p> <p>Responsible Party: QIDP, Area Director</p>	

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W 0252 Bldg. 00	<p>9-3-4(a)</p> <p>483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based on record review and interview for 4 of 4 sampled clients (A, B, D and D), the facility failed to provide measurable documentation of clients A, B, C and D's ISP (Individual Support Plan) training objective attempts.</p> <p>Findings include:</p> <p>1. Client A's record was reviewed on 3/1/16 at 8:54 AM. Client A's ISP dated 2/2/16 indicated client A had the following formal training objectives:</p> <p>- "Daily in the AM, [client A] will independently apply deodorant using 3 VPs (Verbal Prompts) or less in 55% of trials."</p> <p>- "Daily in the PM, [client A] will independently choose an exercise activity for 45 minutes using 3 VPs or less in</p>	W 0252	<p>All direct care staff will receive retraining to include ensuring that all consumers goals are documented in measurable terms as described in each goals criteria and documentation is available for review.</p> <p>Program Coordinator and QIDP will receive retraining to include doing a minimum of weekly checks to ensure that staff are documenting all consumers goals in measurable terms.</p> <p>Program Coordinator and/or QIDP will complete documentation checks a minimum of 3 times weekly for 4 weeks to ensure that all staff are documenting all consumers goals in measurable terms. If documentation is not being done as directed Program Coordinator and/or QIDP will provide immediate feedback to staff to</p>	04/07/2016

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	<p>65% of trials."</p> <p>-"[Client A] will dust his room once weekly in the PM with 3 VPs or less in 50% of trials."</p> <p>-"[Client A] will write his check amount in a check register every two weeks before giving the check to his mom in the PM using 3 VPs or less in 50% of trials."</p> <p>-"[Client A] will use only one scoop of detergent per load once weekly in the PM with 3 VPs or less in 60% of trials."</p> <p>Client A's DSRs (Daily Staff Records) dated from 11/1/15 through 1/31/16 indicated client A's goals had been completed. The DSRs did not indicate documentation of specific criteria regarding the number of VPs needed to complete the training objectives. Client A's record did not indicate documentation of DSRs for the month of February 2016.</p> <p>2. Client B's record was reviewed on 3/1/16 at 11:03 AM. Client B's ISP dated 9/12/15 indicated client B had the following training objectives:</p> <p>-"[Client B] will get her medication tote from the medication cabinet independently before taking her medications in the AM with 3 VPs or less</p>		<p>correct documentation errors.</p> <p>Ongoing after the 4 weeks the Program Coordinator and/or QIDP will complete documentation checks a minimum of weekly to ensure that all staff are documenting all consumers goals in measurable terms. If documentation is not being done as directed Program Coordinator and/or QIDP will provide immediate feedback to staff to correct documentation errors.</p>	

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	<p>in 30% of trials."</p> <p>-"[Client B] will take her dishes to the sink and rinse them and place them in the dishwasher after meals in the AM and PM using 3 VPs or less in 50% of trials."</p> <p>-"[Client B] will change her depends independently or with hand over hand assistance in the AM and PM using 3 VPs or less in 30% of trials."</p> <p>-"[Client B] will hand the cashier her money one time weekly in the PM using 3 VPs or less in 20% of trials."</p> <p>-[Client B] will make her bed in the AM when she gets up using 3 VPs or less in 20% of trials."</p> <p>Client B's DSRs dated from 11/1/15 through 1/31/16 indicated client B's goals had been completed. The DSRs did not indicate documentation of specific criteria regarding the number of VPs or if hand over hand assistance was needed to complete the training objectives. Client B's record did not indicate documentation of DSRs for the month of February 2016.</p> <p>3. Client C's record was reviewed on 3/1/16 at 10:00 AM. Client C's ISP dated 6/20/15 indicated client C had the following training objectives:</p>			

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	<p>-"[Client C] will identify her medication tote daily in the AM using 3 VPs or less in 50% of trials."</p> <p>-"[Client C] will sweep the floor around her chair after eating in the AM and PM using 3 VPs or less in 30% of trials."</p> <p>-"[Client C] will choose a healthy snack at the store of her choice once weekly in the PM with 3 VPs or less in 50% of trials."</p> <p>-"[Client C] will take her laundry to the laundry room once weekly in the PM using 3 VPs or less in 50% of trials."</p> <p>-"[Client C] will brush her teeth for 2 minutes and floss her teeth 3 times daily in the AM, after dinner and at bedtime using 3 VPs or less in 60% of trials."</p> <p>Client C's DSRs dated from 11/1/15 through 1/31/16 indicated client C's goals had been completed. The DSRs did not indicate documentation of specific criteria regarding the number of VPs or if hand over hand assistance was needed to complete the training objectives. Client C's record did not indicate documentation of DSRs for the month of February 2016.</p> <p>4. Client D's record was reviewed on</p>			

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	<p>3/1/16 at 12:00 PM. Client D's ISP dated 8/15/15 indicated client D had the following training objectives:</p> <p>-"[Client D] will get on the scale to be weighed weekly on Saturday in the AM (using) 3 VPs or less in 50% of trials."</p> <p>-"[Client D] will wipe down the table after dinner daily in the PM with 3 VPs or less in 50% of trials."</p> <p>-"[Client D] will hand the cashier his money once weekly in the PM with 3 VPs or less in 50% of trials."</p> <p>-"[Client D] will make his bed daily in the AM before medication pass with 3 VPs or less in 50% of trials."</p> <p>-"[Client D] will use his sign language to tell staff good morning in the AM using 3 VPs or less in 50% of trials."</p> <p>Client D's DSRs dated from 11/1/15 through 1/31/16 indicated client D's goals had been completed. The DSRs did not indicate documentation of specific criteria regarding the number of VPs or if hand over hand assistance was needed to complete the training objectives. Client D's record did not indicate documentation of DSRs for the month of February 2016.</p>			

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W 0371 Bldg. 00	<p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 3/1/16 at 12:30 PM. QIDP #1 indicated clients A, B, C and D's formal training objective trials should be documented in measurable terms as described in each goal's criteria.</p> <p>9-3-4(a)</p> <p>483.460(k)(4) DRUG ADMINISTRATION The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise. Based on record review and interview for 1 of 4 sampled clients (A), the facility failed to ensure client A had a medication administration goal.</p> <p>Findings include:</p> <p>Client A's record was reviewed on 3/1/16 at 8:54 AM. Client A's ISP (Individual Support Plan) dated 2/2/16 indicated client A did not receive routine medications. Client A's ISP dated 2/2/16 indicated, "Assessment of ability to schedule and keep medical appointment:</p>	W 0371	<p>A medication administration goal has been developed for client A to allow him more independence in scheduling his own medical appointments due to him not taking routine medications.</p> <p>QIDP and Program Coordinator will receive retraining to include ensuring that all consumers have goals to allow them to work toward more independence with their medical needs even if they are not taking routine medications.</p>	04/07/2016

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	<p>[Client A] cannot make and keep appointments. [Client A] will rely on the staff, home manager and the program nurse to schedule and keep all appointments. Assessment of ability to self medicate: [Client A] does not take medications at this time but if he needed a PRN (As Needed) medication, staff will give him his medication." Client A's ISP dated 2/2/16 did not indicate documentation of a formal training objective to teach client A to be independent with his medical appointment scheduling or PRN medication needs.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 3/1/16 at 12:30 PM. QIDP #1 indicated client A did not receive routine medications. QIDP #1 indicated client A was not independent with scheduling his medical appointments or with utilizing PRN medications.</p> <p>9-3-6(a)</p>		<p>Ongoing the QIDP will ensure that all consumers have goals implemented in their ISP to allow them to work toward more independence with their medical needs even if they are not taking routine medications. Area Director will review all ISPs to ensure that all consumers have goals to allow them to work toward more independence with their medical needs.</p> <p>Responsible Party: QIDP, Area Director</p>		